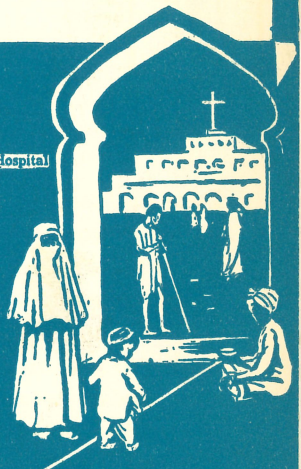
Medical Missionary



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The Medical Missionary
8400 Pine Road
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Volume XXV Number 4

THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, Southern United States.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.

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YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I *hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of* $..... *for its general purposes.*"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Beloved Cardinal

It is already a month since our Best Friend and Benefactor, His Eminence, Dennis Cardinal Dougherty was put to rest under the main altar in the Cathedral. Of course, due to his age—he was 85 years—one had to be prepared for his death. Yet, it came so suddenly on May 31st that it was quite a shock.

The Solemn Pontifical Requiem Mass was sung at the Cathedral by the Cardinal's nephew, Bishop McCormick. The sermon was preached by Bishop Lamb, who reviewed the public highlights in the Cardinal's life and said that in spite of all the honors that had come to him, what His Eminence valued the most was his priest-

hood. Bishop Lamb also stressed the Cardinal's great obedience and loyalty to the Holy See and his indefatigable service to the Church and his sense of duty.

Reading and hearing the summary of the burdens and achievements of His Eminence, and having had the privilege of knowing him for 26 years, I marvelled all the more at his extraordinary humility, simplicity and generosity in giving time and attention to the million and one things that were brought to him for advice, decision and help.

I had my first audience with His Eminence on the First Friday of March, 1925. Although I was a complete stranger, he received me most kindly so that I felt no difficulty in telling him quite simply about my experiences in India, especially the great mortality of mothers and children on account of lack of medical aid and poverty. I also explained the reason for the need of women doctors in India. He asked many questions, and after I had shown him a few photos I had brought with me, His Eminence inquired if I had more. As I was able to answer in the affirmative, he invited me to come back the next day to show them to him. His Eminence kindly gave me permission to give talks and even came to one illustrated lecture himself and presented me with a donation and promised $5,000 for a new hospital for women and children in Rawalpindi. In a few days, His Eminence gave me this most generous gift, which became the foundation stone of the first hospital of our Society.

When Father Mathis and I had discussed the organization of our Society, I felt the need of authoritative advice. There was only one to whom I could go with confidence. It was His Eminence. He understood the conditions and the needs of the sick and poor in the Orient. And what is more, he had sympathy and interest, and besides he had been so kind to me that I was not afraid to go to him. In an audience granted to me, I told His Eminence the plan for starting a community without vows for the purpose of providing medical care especially for women and children in the missions—Sisters to take care of the sick in every need, including medicine, surgery and obstetrics. The latter required doctors, which was an innovation and not as yet permitted to Sisters with public vows.

I still remember the occasion very well because, of course, to me it was of supreme importance. His Eminence listened and after making some remarks on the need of women doctors everywhere, he quite deliberately told me that he was in favor of starting a Society as I had outlined to him. I had such confidence in his understanding of the problem and his judgment in the matter that from the moment of his "yes" I had no hesitation about the starting of the Society. From then on, His Eminence showed his paternal interest on every occasion.

So as not to make this too long, I will only mention the highlights, although it is really the apparently small things which show his character, benevolence and friendship even more.

His Eminence, knowing that we had to sacrifice the privilege of making public vows on account of regulations of the Church in connection with the practice of medicine, surgery and obstetrics, in 1930 asked the Holy Father, Pius XI for permission for us to make public vows. It was not granted then, but when several years later His Eminence presented a memorandum to a committee set up in Rome for the purpose of studying this problem, the same Holy Father, Pius XI, issued the Instruction of February 11, 1936, granting permission for public vows. His Eminence wrote to me that this permission was one of the satisfactions of his life.

His Eminence, when visiting us in

Washington, saw himself that our house there had become too small for our growing family. Repeatedly, he invited us to establish our Motherhouse in Philadelphia. "When are you coming to Philadelphia?" he said to me in every audience. Finally, in 1939, we did come. The very day of our arrival he visited us to see and hear our plans and to inquire about our needs.

Then there was the great day of August 15, 1941, when His Eminence came to receive the public vows of 60 Sisters, ten of whom made perpetual vows. It was in the boathouse, a poor and hot place in which to receive such a high dignitary of the Church, but His Eminence never even mentioned the inconvenience.

Less than a year ago, His Eminence paid us his last visit, but it will always be the most memorable. It was on the occasion of our Silver Jubilee. Rt. Rev. Msgr. Benjamin accompanied him. His Eminence said Mass at 7:00 a.m. He had breakfast with Msgr. Benjamin, Father Mathis, C.S.C., Father Duffy, C.S.C. and Father Mahoney, C.S.C. I then wanted to assemble the community for His Eminence's blessing, but he had other plans. He said he wanted to meet all the Sisters—all 140 of them. We put an arm chair in the chapel corner of the library, and there he received every Sister, allowing each to kiss his ring, and asking her name, etc. To our Negro novice from Philadelphia, he said, "You are an honor to us."

His Eminence then expressed his joy at the development of our Society and reminisced about the 25 years and especially about the permission granted by Rome and its far-reaching effects for the missions. Altogether, it was a most happy morning when our beloved Cardinal, who was our best friend and benefactor, talked so leisurely and fatherly with us.

We cannot and shall never forget him. His memory shall be blessed all the days of our Society. May we profit by his example of humility, kindliness, loyalty to the Church and untiring devotion to duty. Let us pray with all our hearts that God may grant him an abundant reward for his truly fatherly solicitude and charity to us. R.I.P.

Mother Anna Dengel

Postulants at Our Lady's Shrine, Philadelphia

Sister Camillus with Smallpox Victim—Berekum, Gold Coast, Africa

DO CATHOLIC *Missions* NEED CATHOLIC *Doctors?*

Distances have shrunk — people from all parts of the globe have met —one half of the world now knows how the other half lives. The backward half is fast shaking off fatalistic acceptance of misery and degradation and is setting its teeth more and more on political, social, and economic modernization. This determination, this movement is like an avalanche descending over Asia and Africa — where the greater part of humanity still lives in feudal subjection on a mere subsistence level, helpless in their ignorance and victimized by health hazards and disease. We are on the eve—although it may be a long one—of a levelling out of standards, approaching, even though from afar, the Pope's again and again repeated demand for a more equal distribution of goods as a *sine qua non* for peace.

This levelling movement can only be heartily welcomed—it is a step in the direction of justice. It deserves—and one may say that it puts an obligation on Christians to hasten and help it for the honour and glory of God, for people who are more *humanized* are surely nearer to being *Christianized;* and here especially, in view of the inhuman or subhuman physical standards of millions of Asiatics and Africans, the medical profession is called upon to collaborate in the upbuilding of the Kingdom of Christ. This concern for man's welfare is completely in accord with the spirit and tradition of the Church. The Holy Father in a recent speech brands as unwitting deserters and dupes those who in "deference to a misguided supernaturalism would confine the Church to the strictly religious field." In this respect he also said on another occasion:

"To wish to draw an exact line of separation between religion and life, between the natural and the super-

Excerpts from a talk given by Mother Anna Dengel, M.D., at Loyola Stritch Medical School, Chicago, May, 1951.

natural, between the Church and the world, as if they had nothing to do with each other, as if the rights of God were valueless in all the manifold realities of daily life, whether human or social, is entirely foreign to Catholic thought and is positively anti-Christian. The more, therefore, the powers of darkness bring their pressure to bear, the more they strive to banish the Church and religion from the world and from life, the more there is need on the part of the Church itself of steadfast and persevering action in order to reconquer and to place all fields of human life under the sweet empire of Christ, so that His spirit may breathe more abundantly, His law reign with a more sovereign sway, and His love triumph more victoriously. Behold what we must understand by the Kingdom of Christ!"

From this it is clear that the building up of the Kingdom of Christ needs the building up of the whole man—body and soul. To leave no doubt about man's duty to his fellowmen, Christ illustrated His command of "love thy neighbor as thyself" by the story of the wounded stranger lying by the roadside. This picture made an indelible impression on all generations and is not faded out today. On the contrary, travel, radio, press, film, bring the tremendous amount of unrelieved and preventable suffering ever closer and clearer.

Should not our Christian consciences be stirred when we hear of the 100 million Indians who suffer from malaria every year—the hundreds of thousands who die of cholera, plague, dysentery, kala-azar, tuberculosis — the blind and crippled who line the streets—the numerous lepers still in the world—the high maternal and infant mortality—the nutritional deficiences and general low level of health—the low average expectancy of life—in India 27 years—in China in normal times, only slightly higher! This is what prompted the famous Dr. Schweitzer to give up his position of professor in the University of Strassbourg, his literary work, and his organ-playing, in order to go as a doctor to Equatorial Africa. He says:

"I had read about the physical miseries of the natives in the virgin forests; I had heard about them from missionaries, and the more I thought about it, the stranger it seemed to me that we Europeans trouble ourselves so little about the great humanitarian task which offers itself to us in far-off lands. The parable of Dives and Lazarus seemed to me to have been spoken directly of us! We are Dives, for, through the advances of medical science, we now know a great deal about disease and pain, and have innumerable means of fighting them; yet we take as a matter of course the incalculable advantages which this new wealth gives us! Out there in the colonies, however, sits wretched Lazarus, the colored folk, who suffer from illness and pain just as much as we do, nay, much more, and has absolutely no means of fighting them. And just as Dives sinned against the poor man at his gate because for want of thought he never put himself in his place and let his heart and conscience tell him what he ought to do, so do we sin against the poor man at our gate."

Dr. Schweitzer's motives and convictions, and his heroic living up to them, are an example—although in many cases in less spectacular form—of the spirit which has animated Protestant Medical Missionaries from the beginning of their mission endeavors. They have always considered the cooperation of doctors as an integral part of their mission work and have developed an almost global and well organized network of mission centers.

According to statistics of a year ago there are over 1,000 Protestant mission doctors—men and women — in the mission field, distributed in 277

hospitals in Africa; 702 in Asia; 118 in Indonesia and South Pacific; and 45 in Latin America; making a total of 1,142 hospitals. In addition, they conduct 2,320 dispensaries. Protestants consider Medical Schools the most statesmanlike and strategic medical mission effort and accordingly have spared no effort and money to establish some in China and India, and lately even in the Belgian Congo.

Indeed one must say — Protestant Medical Missions are an admirable achievement and in the light of Catholic Medical Missions an enviable one. Comparisons, however, are out of place because our organization is different. Traditionally Catholic hospitals were in the hands of religious Sisters who made their debut in the missions only about 80 years ago. While able to take care of the sick in the traditional way, very few were prepared to establish and conduct hospitals in the missions in a professional way, and they were not allowed to study and practice medicine and obstetrics.

Catholic Missions required pioneers of a special stamp to break the ice. They appeared in the beginning of this century in the person of two lay women doctors — both Scottish and both converts — Dr. Agnes McLaren and Dr. Margaret Lamont. The latter was a prolific writer and speaker of the Cause. Dr. McLaren's interest was aroused by the plight of the Mohammedan women—who, not being allowed to be seen by men except those of their household, could not be examined and operated on by male physicians. At the age of 72 she visited the North of India—which is predominantly Mohammedan — to convince herself of the need of women doctors. Considering the great help they could be to these secluded women, Dr. McLaren brought the story of the latter's medical needs to Rome and petitioned Pope Pius X to allow Sisters to study and practice medicine.

"To our dear daughter Agnes McLaren and to all those who cooperate in the foundation and maintenance of the hospital and dispensary in Rawalpindi, we impart once again, our Apostolic Benediction."
Pius X November 19, 1905

Only in 1936—that is, 23 years after her death, was the petition granted. Our Society, the Society of Catholic Medical Missionaries, which was the direct outcome of Dr. McLaren's impetus, reaped what she had sown, and with us, also other Mission Sisters who are engaged in Medical Mission work. 30 years ago there were no Sister-Doctors—now there are quite a number and they increase yearly.

The lay Catholic Medical Mission movement began in the twenties of our century. The first group was formed in 1918 in Munich by a few medical students. Interest spread and resulted in 1922 in the foundation of the Medical Mission Institute in Wurzburg, Bavaria, Germany (Salvatorstrasse 7). It was intended to provide lay men and women doctors

for the missions. In the course of years the Institute sent a number of doctors to the missions and gained much experience in this new field. This was always shared openly and generously in the *Yahrbuch* (Year Book) — the best Catholic Medical Mission publication so far. The Wurzburg Medical Mission Institute survived the war and has its members on the mission field again.

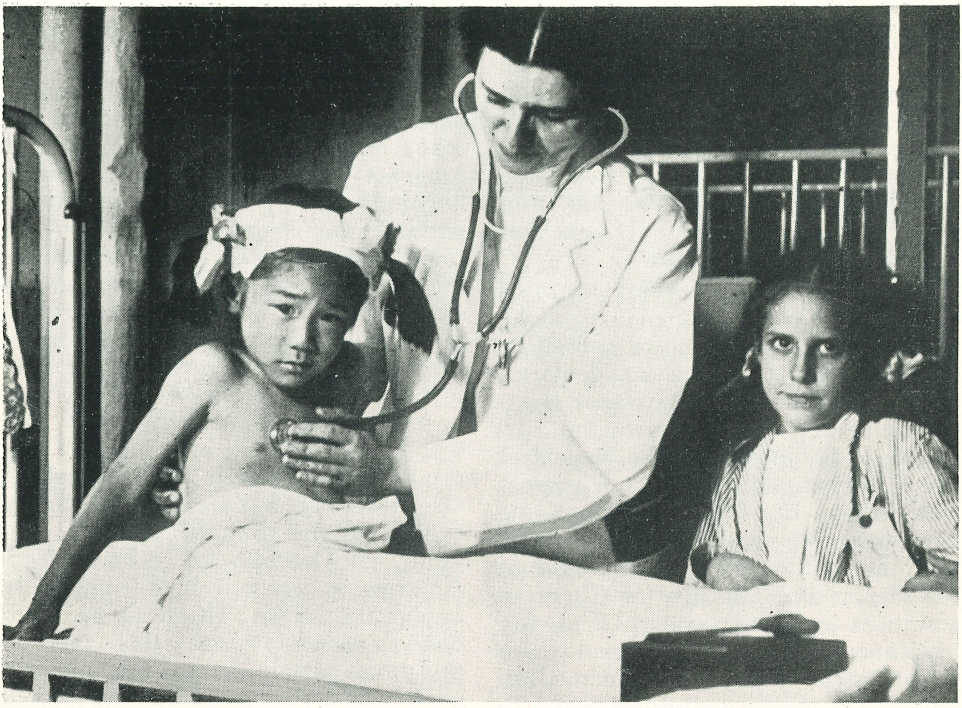
By degrees almost every country in Europe has established a Catholic Medical Mission Center for recruiting and sending out lay mission doctors.

What tremendous importance is attached to lay cooperation in the missions can be seen from the Report of the International Mission Congress held during the Holy Year in Rome from September 5-7. It dealt entirely with the problem of the cooperation of the clergy and the laity of Christian countries in mission work. Of the lay institutes and organizations which participated, nearly all have medical work as a major, or minor part.

Every Catholic Mission would like to have *one,* or preferably *more,* Catholic hospitals and dispensaries to show forth the solicitude and love of the Church for the sick and suffering. The missionaries and mission personnel too, frequently need medical attention. Many precious lives of young missionaries have been lost in the past, and are still lost for want of proper care. The preservation of health in tropical, backward countries needs expert knowledge and care.

All this requires doctors, and in Catholic missions—*preferably* Catholic doctors, imbued with the spirit of Charity and Christian principles and ethics. It is not known how many Catholic Mission doctors are in the field—but certainly less than 100.

The present stage of Catholic Medical Missions presents a vicious circle. On the one hand, there are not many Catholic hospitals in the missions sufficiently organized and equipped to make it possible to engage foreign lay doctors. This involves many responsibilities, such as reasonably normal working conditions, trained auxiliary personnel, housing, salary, some sort of social security. Many of the patients being poor, the financing of lay doctors is a problem. On the other hand, there is little chance of progress—or bringing Catholic mission hospitals up to present day standards without the cooperation of lay doctors. Some hospitals however, including some of ours, have reached the stage where it is possible to engage lay mission doctors. In Patna, for instance, we have several Indian doctors working with us—but in the new hospital which is being built now, and which we hope will be a modern hospital—Father Loesch, S. J., visualizes also American doctors. This inevitably brings up the thought that the providing of Catholic lay doctors from America at present is a completely haphazard affair. There is no Academic center where this mission question pertaining to the medical profession is being studied, much less is there an organization to prepare



Sister M. Frederic Niedfield, M.D. who was among the five women and 97 men to receive the degree of Doctor of Medicine at Georgetown University, Washington, D.C. on June 11th. Sister M. Frederic was awarded the gold medal for maintaining the highest scholastic average for four years, the gold medal for highest academic standing in Bacteriology and was chosen by her classmates to give the valedictory address. The above picture shows Sr. M. Frederic as a student at Georgetown. Her internship will be made at St. Michael's Hospital, Newark, N. J.

Catholic lay doctors to participate in the grand and glorious work of helping to establish the Church, as other countries have at least in a small way.

In conclusion—I would like to say—that Catholic doctors could render an immense service to the Church and to humanity by giving their services in appreciable numbers in the medically undeveloped or under-developed areas of the world which coincide with the non-Christian countries. Through their knowledge and culture, their integrity and devotedness, mission doctors would be a veritable leaven in the professional life of non-Christian countries. These qualities are needed to set standards. As one high medical official in India told me, "We want you to set standards." A Belgian Jesuit who recently completed a mission study trip around the world is a warm advocate of lay missionaries, especially doctors, but he tells them quite frankly what is expected of them. "One does not go to the missions because one wants to leave one's country—he says — nor because one would like to make an easy fortune; no, one should only go to serve God and man and to bring men nearer to Christ . . . The term of service both for men and women should be long, best for life. Difficulties should be weighed before leaving. To generous people, ready to make sacrifices, I can promise—he says—a fruitful life. It will be happy in spite of difficulties, happy perhaps just on account of difficulties."

Will Catholic doctors recognize the hour of opportunity, will they go

forth as the Protestants have done, in goodly numbers? So far—the laborers are few—but the ripe harvest fields are enormous. Take India as an example—where only 1 or 2% of the population is Catholic. There are prescientific medicine men in great numbers, but only one Western trained doctor for 10,000 people, and that with much more incidence of disease than here. There is one trained nurse for every 50,000 and one hospital bed for every 5,000 persons; 1 medical school for every 15 million compared with one for every 1½ million people in U. S. A. Syria, China and the Philippines have their *Catholic* Medical Schools. India does not have any, and yet a Catholic Medical School would be the most constructive mission work Catholic doctors could be engaged in. The idea of one was launched some years ago by an Australian nun, Sister Mary of the Sacred Heart, M.D., who has worked in India for a quarter of a century or more, but nobody has the money and what is worse, nobody so far had the courage to go at it seriously and wholeheartedly.

Our Catholic missions are clamoring for more hospitals, and hospitals need many doctors. The task of establishing hospitals and Medical Mission Centers will probably fall more on Religious communities, being the stable body; the providing of doctors, to the major extent at least, will fall on lay doctors. The logical conclusion is that only with the combined effort of many Religious and lay Medical Missionaries will we be able to make even a small dent in the terrible misery still existing in mission countries. If the medical profession does its duty in this respect, the inevitable result will be the same as in the time of Christ. The crowds glorified the God of Israel when the dumb spoke, the lame walked, and the blind saw.

Doctors Courageous — A Book Review

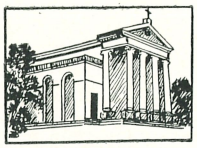
DOCTORS COURAGEOUS—
by Edward H. Hume, M.D.
Harper and Brothers, N. Y.
(1950, 284 pgs. $3.50)

Across the pages of "Doctors Courageous" marches the cavalcade of medical missionaries from the early nineteenth century to our day. Beside the famous heroes, David Livingstone, Peter Parker, Albert Schweitzer and Ida Scudder, are countless others, less well-known, but none the less heroic. Doctor Hume takes each mission in turn—Africa, India and Pakistan, The Near and Middle East, and China—and gives a brief outline of its political history, and a summary of its native medicine. Then he gives the progress of (Protestant) medical missions in that particular land.

In almost every case the pattern is the same. The first pioneer medical missionary, at the price of heroic self-sacrifice, enters a new country. He is greeted with suspicion and doubt on the part of the people, and with open hostility from native practitioners, witch doctors and medicine men. By meekness, kindness and courageous constancy, he wins the confidence and love of all. The way is then open for more medical missionaries to enter. This introduces the final period, in which the natives are being trained to carry the burden of bringing light and healing to their kinsmen. For example, in India, the Vellore Christian Medical College is now under the direction of Dr. Hilda Lazarus, a native Christian.

Each chapter is headed, as is Dr. Hume's habit, with an appropriate quotation from the classics of the particular country. The progress of the medical missions is given as a series of biographies of the medical missionaries themselves, both men and women, whose work made the history of the mission. These brief accounts make one desire to know more about these heroic doctors who gave, and are still giving, their all to bring light and healing to mission lands.

Sister M. Christine, S.C.M.M.

PATNA'S  WILD LIFE SANCTUARY

Picture a Cathedral. It has large windows with iron bars, and huge doors which in a tropical climate always stand wide open. They afford free access to the birds, the bees, the butterflies, and the queerest looking insects you ever want to see—not, of course, omitting the pestiest pest, the mosquito—and worse.

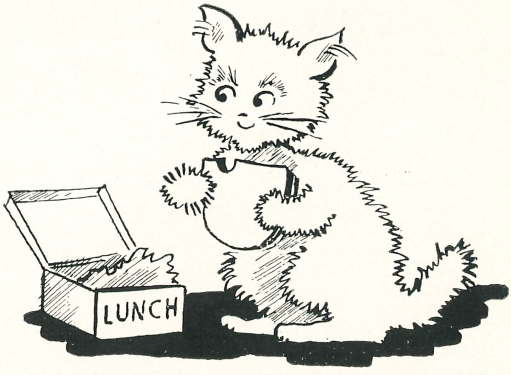
Providence has ordained that we live in the old Cathedral here in Patna. There is no room elsewhere.

In the summer the old building is cool, and in the winter warm, compared to the outside. It is also an attractive place for larger animal life. There is the mole whom we suspect makes his home in the organ. The squirrel has been seen taking a ferris-wheel ride on the table fan (when the electricity was off). Once a krait got himself caught in the door. And a cobra has been encountered outside the Cathedral at night. Can't you see one of these creatures slithering down the aisle about midnight.

The above only make life interesting. But find a huge lanky, mangy cat curled up on one's bed, and uncontrollable ire rises up inside. Generally there is nothing at hand to throw, or one's aim is bad, and always the culprit gets away free. The Easter morning when an empty hollow nest revealed that one of these creatures had spent the night on the chapel linen, the sacristan saw more than lilies. If one wakes in the middle of the night because the thermos bottle is being rolled across the floor, or a clatter is coming from the direction of the table where one knows a cat is making desperate efforts to open a tin lunch box, there is sometimes a moment's hesitation about what to do. One can never be sure whether these alley cats will turn and claw you, instead of running away at your approach. The climax came sometime ago. Night after night there had been races through the Cathedral — out one door and in the other. There were blood-curdling cries and fights under the beds. The one night there was a great collision with the bedsteads and occupants were almost knocked out. What to do?

Everyone wracked her brain to find the right remedy. Finally the suggestion came "drop the nets and fasten them tight." Ten years ago when the Sisters came to the Cathedral the pigeons had moved in before them, and were quite at home on the high ledges near the ceiling. To discourage this roosting, fish nets, wide-meshed affairs, were hung at the doors extending a third of the way down. There they have hung ever since. An occasional curious and observant visitor inquires their purpose. Now every evening began an inspection tour and any sly creature who might be hiding was ousted. Then, the nets were let down.

The nets really discouraged the cats. Observation had shown that generally these cats were too lazy to climb over the wall, but preferred to



crawl through the drains. It was rare that one had enough energy to jump through a window. Of course, a few squeezed themselves under the net, but when they tried to get out in a hurry, they could not find their entrance and after getting tangled up several times did not venture inside.

The hospital, too, had become a happy hunting ground for several of these wildcats. The Indian patients encourage them by the bit of food they invariably save. More than once the crack of a door carelessly left open had meant the loss of the night nurses' lunch. So the nurses decided to do something. A wet sheet and some chloroform seemed to be the thing. The first night they missed. At the next attempt they caught the cat but he came half way out of the sheet before he was unconscious and got his teeth in his executioner's hand. However, her determination was stronger than his nine lives, and soon he was unconscious. A swollen hand for several days remained to tell the story, and such dangerous sport was forbidden.

The servants and the patients also got interested in this cat hunting. Eight annas a cat was the price put on each head. One of the kitchen boys more mechanical and ambitious than the others made a trap out of a large wooden box, used meat for bait, and a fool proof door which the trapped cat could not open. Every night he caught one. The sport got so interesting that two patients suffering from a chronic ailment were found to be lying awake at night to enjoy the excitement. You may be sure the trap was quickly taken from their vicinity.

In the U. S. these victims of the chase would have provided wonderful laboratory material for the nurses' anatomy class, but not these Indian derelicts of the animal world. Their disposal was left to the sweepers, presumably by decent burial. But to our sorrow we learned that even Christian sweepers are still tainted by Hindu influence and could not be bothered with the labor involved in our form of interment. A terrible hue and cry arose outside the hospital gates one morning. The compassionate neighbors, who would not kill a fly, seeing a cat on the rubbage heap every day, began to suspect that these cats were not dying a natural death. Our servants were reprimanded for leaving their work to the municipal sweepers—and most likely all the cats had a most holy ending in the Ganges.

So nature provides relaxation for missionaries after a day's work. We now live in comparative peace, but let the nets stay up for several nights and some stray wanderer goes out and tells all the alley cats what a fine playground he has found, and the sport begins again. Too, when the cat's away the mice (or rats) do play, so there is no real end to the hunting season in Patna City.

MAY THEY REST IN PEACE

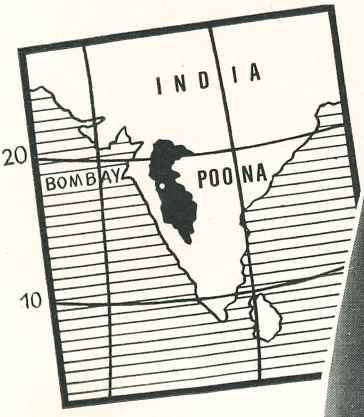
His Eminence, Dennis Cardinal Dougherty, Archbishop of Philadelphia, Pa.
Rev. Thomas F. Butler, C.S.C., Notre Dame, Ind.
Rev. Charles J. Flynn, C.S.C., Taunton, Mass.
Rev. Aloysius Reh, St. Louis, Mo.
Rev. Mother Francis de Sales, S.S.J., Buffalo, N. Y.
Rev. Mother de la Chapelle, R.S.C.J., Overbrook, Pa.
Sr. M. Aidan, R.S.M., Pittsburgh, Pa.
Mrs. Leon C. Finck, Detroit, Mich.
Mrs. Helen Jefferson, London, England
Miss Katherine Wilhelm, Harrisburg, Pa.

Dear Reader:

This August, thirty million members of the Apostleship of Prayer, according to the Holy Father's designated mission intention, will pray for the MISSIONARY WORK OF RELIGIOUS SISTERS.

With the increasing number of Catholics in Asia, Oceania and Africa and the political, social and economic hunger and thirst for development of these vast parts of the world, one of the most hopeful factors is that the sons and daughters of these countries are coming forward more and more to help establish the Church. In comparison to the gigantic need of priests and Sisters, the numbers are still small, but it is up to missionaries from Christian countries to do everything in their power to enlist and facilitate the cooperation of the indigenous youth so that in the shortest time possible they can supply the need and take the lead in the Christian orientation of their motherlands.

At our last Chapter four years ago, it was decided to establish an Indian Novitiate. After careful consideration, Poona, India was chosen. It is a city of 600,000 population, 120 miles southeast of Bombay. His Excellency, Most Reverend Andrew D'Souza, Bishop of Poona, has granted permission as well as Propaganda Fide.



It seems propitious that just now when this volume of prayer for MISSIONARY WORK OF RELIGIOUS SISTERS will ascend to Heaven, we are about to launch our Indian Novitiate. It is a glorious project, a real missionary one, entirely according to our hearts' desire. That it will not be easy is certain. The forces of evil have a flare for what is good, so they usually put on sheep's clothing and try to steal in. Then also, the SINE QUA NON of a novitiate has to be provided—the necessary staff including a novice mistress, housing, the wherewith to carry on, and last but most necessary, good novices.

As regards novices, we are hopeful. For over twenty years, in our training schools we have had the experience of dealing with Indian young women and also we have been in charge of the professional and religious training of the Mary Giri Sisters from Malabar for the past six years.

In spite of the hopeful aspects, we are not blind to the fact that an Indian novitiate will be a difficult undertaking. On account of its great importance for the good of the Church, I dare ask a great favor, namely that during the month of August, readers of our magazine join with the mission intention and say a special prayer for

Sister M. Magdalene, R.N., one of the first four Mary Giri Sisters, Malabar, S. India.

the success of our Indian Novitiate in POONA. May I ask priests to offer the Holy Sacrifice or give us a momento; Sisters to remember us in their prayers; and lay people to say the Rosary or a part of it or at least a Hail Mary that the women of India, who are so well known for their gentleness and devotion, will be trained in our Poona novitiate in the spirit of the Great Physician and that by degrees they will go about doing good from the Khyber Pass to Cape Comorin. May God grant this favor. **Needless to say, though I am quite satisfied and very grateful if you say the prayer, it would be an immense encouragement to get a postal card with the assurance of it.**

Yours gratefully in Christ,

Anna Dengel.

MOTHER ANNA DENGEL.

medical mission Chits

Patron of Customs?

Did you ever think of calling on St. Matthew for prompt delivery of parcels or being freed from customs duty? For over a month we had been waiting for some boxes of medicines detained in Alwaye station owing to a dispute about customs duty. On the feast of St. Matthew we started prayers asking him to help us. The following day a bus stopped outside the hospital and deposited some boxes at our gate. They proved to be the disputed medicines, and so far no bill has come asking for duty!!!

Sister M. Augustine, S.C.M.M.
Bharanganam, S. India

Kids and "Kids"

I found Ram Babu, age seven, on the Cathedral steps one day, his arms around a little white goat. He had been waiting for me all morning. His goat was sick; wouldn't eat, wouldn't play. The trust in his brown eyes left me rather breathless . . . How does one go about treating goats? I felt its nose and poked its tummy, wishing all the while that I had included a little veterinary work in my medical studies. Well, there is always mother's good old remedy, sulfur and molasses! With Ram Babu's help the pill was pushed down the goat's throat and the two trailed off home. The next morning they were at the gate as soon as it opened. Ram Babu came running in, the goat at his heels. Two pairs of shining brown eyes told the tale without words—it worked!

Sister M. Elsie, M.D.
Patna, India

Jungle Surgery

You might say we are "in the jungle." This week a patient was brought to us in a gari from a distance of 15 miles. And to make matters worse, just as she arrived, the electricity went off and would not go on for another four hours. The same thing happened the other day during a Cesaerian just after the baby was born. It meant working on in the dark. We do have a small emergency Navy lamp, given us by the Holy Cross Fathers, but it doesn't give much light as it runs on a battery.

Sister M. Benedict, M.D.
Mymensingh, Pakistan

Patna's Problems

Vacation greetings from Darjeeling. I wish you could get a glimpse of the eternal snows. There are many Tibetan people here this year. They look very picturesque and the rich especially have beautiful clothes. We will be back in Patna next week.

We managed to get the portable X-ray set up and started. It makes very good chest and bone photos. The "dark room" for developing has to serve at the same time for diet and formula kitchen, O. R. supply room, and O. R. supply-making room. It is lots of fun—one has to be so quick when the developer has a temperature of 95° and no ice! It sometimes takes only ½ second. When we have the new hospital—then we will have space. . . .

Sister M. Hedwig,
Patna, India

Karachi Chronicle

The mercury has been playing around 100° - 105° and 110° for the past few weeks. We are all full of prickly heat. Sister Alma Julia says that instead of "aspiring to be saints" we are all "*perspiring* to be saints."

Karachi goes on as usual. The other day one of the nurses said to the husband of one of the patients, "What did you want?"

He answered, "A baby boy."

"I'm sorry," said she, "it is a little girl."

"That's all right," said he, "that was going to be my second choice."

We had the blessing of the ground for the new hospital last week. The wall has been started and beyond that we have practically nothing. Sister Alma Julia is in charge of the building but is having a hard time trying to get any funds. . . . If any one can do it, she can. God knows a Catholic hospital is certainly needed here—so in some way He will provide the means.

Sister M. Christopher, S.C.M.M.,
Karachi, Pakistan

Sister M. Richard Lynch who received her Bachelor Degree in Journalism from Marquette University, Milwaukee, Wisconsin June 13th. Sister M. Richard will join the editorial staff of the MEDICAL MISSIONARY.

What Time Are You?

One thing that always interests me about the people is their use of "time-telling expressions" for "age-telling." Suppose a child is three years and nine months old; the mother will say, "He is a quarter of four." Or he might be three years and three months old. Then she will tell you, "He is a quarter past three!" Sr. Alma Julia, Ph.G.

INDIAN OFFICIALS LAUD CHURCH'S WELFARE WORK

The welfare work of the Catholic Church in India has received the commendation of two high ranking Indian officials. Both were non-Catholics.

At Mylapore, J. C. David, surgeon General of Madras state government, paid tribute to the work of Catholic missionaries in the field of medical service as he officiated at the opening of the new St. Isabel's hospital there. Dr. David was deeply impressed by the spirit of service in the Catholic hospitals in various parts of India. He mentioned in particular the hospitals at Mangalore, Guntur, Vijayawada and Madras.

At Secunderabad in Hyderabad State, Maj. Gen. S. C. Bhata, Inspector General of Health and Medical Service, lauded the work of the nuns as he visited a home for disabled.

"The inmates are made to do useful work and assist each other as much as possible," the General said. "The nuns are working truly like angels and bring that love and human sympathy into the lives of the inmates which they need so badly."

TWI (Twee) TALK

TWI is the basic language spoken by the principal tribes in the Gold Coast

Sister M. Paula, Mame, and "Yaw Steer."

"How is the baby, and what is his name?" The lorry driver that had just brought a patient was pleased that we remembered his baby. His wife was our pre-natal patient and had a big baby boy, here at Holy Family Dispensary. How could Sr. M. Camillus forget the woman that kept calling her "bruni" (white woman) until Sister told her to say "Sister"? Then all she heard for the next six hours from 11:00 P.M. until 5:00 A.M. was "Sistah, Sistah." He was a "Thursday baby" so we knew he would be called Yaw, but here the babies formally receive their full names one or two weeks after birth, so we knew him only as Baby Yaw.

The next day we had three more newborns, all arriving within six hours. One of the new babies was a beautiful eight pounder. This is unusually large, as the newborns here range between 4½-6 lbs. He was also our 100th baby for this year. The family was delighted to learn he had the distinction; he will be named Kwaku Oho (Kwaku the hundredth).

Three years ago, when we came to the Colony, we thought the people had very little variety in their choice of names, being called after the day of the week, on which they are born. Actually their second names which are not necessarily family names, afford greater scope than the names of the little Smith children, who, whether they be four or fourteen in number, are all called Smith. Monotonous!

Here a second name has endless possibilities—it may mean the first child living after many have died, or, the first girl born after several boys, or vice versa. It may mean the first child born after a set of twins, or, gift of God, or tenth child, etc., etc. Also, the second name may be in honor of a fetish to whom the mother has promised the little one in gratitude for a safe delivery. There are also other fetish names given children born on days dedicated to certain gods.

If a girl is to be a lady (sent to school) she may be called Awura. And some of the girls born here at the Dispensary are being called that, which means the people consider it an honor, and enough to make them ladies (?)!

One of our patients has a name which means "little money." She was probably born when the family was traveling, and in straits. Another woman's name means "one sister among many brothers".

Then again a child may be named after his uncle or grandparents. And it is usually such a representative of the family who has the honor of giving the baby its name, about a week after birth. By this time it has changed from a rosy pink to its natural dark color, and any evil spirits who might claim its life, will not recognize it as a newborn. It can be safely brought into public.

The relatives assemble, and a little rum or whiskey may be poured over the family fetish which stands in a corner of the compound. The one who has been asked to give the child a name takes the little one in his hands, breathes into his mouth, says "You will be called .....", and then once more breathes into him. The ceremony closes with a family get-together with much feasting and celebrating. On this occasion the father gives to the mother a new cloth, the kind used for carrying the little one on her back, a string of beads for the baby, and often if he can afford it, a new sleeping mat, a cup and spoon for the baby and also soap and talcum powder for the baby. Are you surprised at the talcum? The petty traders supply enough talcum to stock a whole chain of West African Dime Stores.

"And what is Yaw's name?"

"He be Yaw Steer." Sister looked blank, so the father hastened to explain, with demonstration. "I be lorry driver, I steer, so my child be Yaw Steer." Sister said yes indeed, she thought that it was a beautiful name.

Bush Briefs

Bubari, our laborer, was sick, no pep, etc. with various complaints which read like an advertisement for vitamins. Well, that was exactly what he needed. Doctor prescribed them, and Bukari reported regularly for his Multi-vitamin capsule, every morning at the pharmacy window. If he had been given the supply to take at home, he would not have persevered for more than a week. Anyway, he liked the break in the morning work —and the interest that always goes on at the pharmacy window. And to top it all, he actually liked the fish-oil, malt combination; the nice gelatin capsules were chewed so as not to miss any of the flavor. His skin cleared up beautifully and he is much better, but he does not seem to have any intentions to stop the treatment unless we insist.

He was equally appreciative when Doctor dressed a leg wound he had inflicted on himself cutting grass with the cutlass. Sister put a bandage on the foot, and sent him back to work. She did not notice him until later in the day at 4 P.M. when it was time for Bukari to go home. He was carefully winding the bandage onto his ankle. He had taken the bandage off while working to keep it clean. Now he would go home to the Congo, (Mohammedan quarters) resplendent in a white bandage.

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MEMO

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